



Town of North Hempstead

Department of Building Safety, Inspection & Enforcement

210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-7660 • Fax 516-869-7662

Requirements for a Commercial Building Permit

1. Application for Building Permit with Owner's Authorization in triplicate.
2. Proposed Site Plan (2 copies) to include:
 - a. Zoning data (including FAR).
 - b. Percentage of lot coverage.
 - c. Setbacks to all property lines.
 - d. Parking calculations.
 - e. Topography of site (if more than 1 foot of fill is brought in, a full permit is required).
 - f. Locations of trees within property to be removed.
3. Construction drawings (2 copies) - Site plan must be on page 1.
4. Existing survey of property (2 copies).
5. Mechanical Drawings (2 Copies).
6. Application for Plumbing Permit (if applicable) must be filed with application.
Plumber's name and license number required.
7. Contractor's name, address, telephone, and certificate of insurance.
8. Curb Cut Permit from Highway Department (if applicable).
State, County, Town (5 copies of Site Plan with drainage and curb cut).
9. Soil Bearing Value Report.
10. Letter of Supervision by architect or engineer (from 10,000 sq. ft.).
11. Statement as to quality of structural steel (from steel fabricator).
12. Permit Fee.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR FILING.

- Approval from local Water Districts also required.

NOTICE: Article 1, Section 2-9.A of the Code of the Town of North Hempstead states as follows: No person, firm or corporation shall commence the alteration of any lot or parcel, including the erection, construction, enlargement, alteration, removal, improvement, demolition or conversion of any building or structure or tree, or part thereof, or change the nature of the occupancy of any building or structure or cause the same to be done or the removal of trees without first filing with the Building Commissioner an application for such removal, construction, alteration, moving or demolition or installation of elevator, heating or heat-producing appliance or equipment, other than ordinary stoves or ranges, and obtaining a permit, except that no permit shall be required for the performance of ordinary repairs which are not structural in nature.

Appendix C**State Environmental Quality Review****SHORT ENVIRONMENTAL ASSESSMENT FORM****For UNLISTED ACTIONS Only****PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)**

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Municipality _____ County _____ </div>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration </div>	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly _____	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other </div> Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Applicant/sponsor name: _____ Date: _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature: _____ </div>	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, coordinate the review process and use the FULL EAF.
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly: C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly: C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly: C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly: 	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Name of Lead Agency</div>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Date</div>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Print or Type Name of Responsible Officer in Lead Agency</div>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Title of Responsible Officer</div>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Signature of Responsible Officer in Lead Agency</div>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Signature of Preparer (If different from responsible officer)</div>



Town of North Hempstead

Department of Building, Safety Inspection and Enforcement

210 Plandome Road, P. O. Box 3000, Manhasset, NY 11030-2327

(516) 869-7680, 7660

FAX: (516) 869-7812

Application Number: _____

Permit Number: _____

Certificate Number: _____

APPLICATION FOR COMMERCIAL BUILDING PERMIT

Issued pursuant to the Building Zone Ordinance and the Administration and Enforcement Ordinance of the Code of the Town of North Hempstead

PLEASE FILL OUT IN TRIPLICATE COMPLETELY AND TYPE OR PRINT LEGIBLY

New Construction [] Addition / Renovation [] General [] Core & Shell [] Tenet Improvement []

Section: _____ Block: _____ Lot(s): _____ Date: _____

Owner’s Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Phone : () _____

Applicant’s Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Phone : () _____

Address of Permit Activity:

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Phone : () _____

Location of Permit Activity:

_____ Feet, N S E W (circle one) of _____

Description of work:

Area of Work (SF): Construction Cost Rate: Permitting Cost of Construction:

Environmental Disclosure:

Is the premises presently under the supervisory authority, control, oversight of any State or Federal Yes ☐ No ☐

Agency or required to comply with conditions established by such agency as result

of environmental conditions?

Zoning:

Zoning District: _____ Verified by: _____ Lot Area (SF) _____

Max. Permitted Coverage (SF): _____ Proposed Coverage (SF): _____

Max. Permitted Coverage (%): _____ Proposed Coverage (%): _____

Max. Permitted Floor Area (SF): _____ Proposed Floor Area (SF): _____

Max. Permitted Floor Area Ratio: _____ Proposed Floor Area Ratio: _____

Front Yard: Required: _____ Provided: _____ Rear Yard: Required: _____ Provided: _____

Avg. Front Yard Setback (Properties Within 200 Feet): _____ Aggregate Side Yard: Required: _____ Provided: _____

Side Yard 1: Required: _____ Provided: _____ Side Yard 2: Required: _____ Provided: _____

Architect /Engineer:

Last Name: _____ First Name: _____ Middle Initial: _____ License #: _____

Street Address: _____ City: _____

City: _____ State: _____ Zip: _____ Telephone Phone #: () _____

Contractor:

Last Name: _____ First Name: _____ Middle Initial: _____ License #: _____

Street Address: _____ City: _____

City: _____ State: _____ Zip: _____ Telephone Phone #: () _____

Electrician:

Last Name: _____ First Name: _____ Middle Initial: _____ License #: _____

Street Address: _____ City: _____

City: _____ State: _____ Zip: _____ Telephone Phone #: () _____

Plumber:

Last Name: _____ First Name: _____ Middle Initial: _____ License #: _____

Street Address: _____ City: _____

City: _____ State: _____ Zip: _____ Telephone Phone #: () _____

NOT VALID UNLESS STAMPED HERE

OWNER’S AUTHORIZATION

I (we) hereby certify that:

- 1. I (we) agree to permit the Building Inspector and any officer or employee of the Town of North Hempstead to enter upon the premises in the discharge of their duties with this application.
- 2. Approved plans and a copy of the approved permit shall remain on the premises at all times until a Certificate of Occupancy / Completion / Approval is issued. These plans will be made available to the Building Inspector upon request.
- 3. Building Inspector shall be given a minimum forty-eight (48) hours notice to make the required inspection and no work shall continue until such inspection has been completed and approved.
- 4. Owner or his representative shall be responsible to arrange for all required inspections.
- 5. Owner shall be responsible for the presence of the appropriate representative for the required inspection as directed by the Building Inspector.
- 6. Permit shall expire three (3) months from the date of issuance unless construction is in progress. No work is to be started until permit has been received and posted by the owner / applicant. Commencement of any work prior to the receipt and posting of the permit will result in the assessment of triple fees penalties pursuant to §2-28 C (15) of the Code of the Town of North Hempstead.
- 7. Work shall be permitted between the hours of 7:30 AM and 6:00 PM, Monday through Friday only.
- 8. Occupancy or Use of the premises without first obtaining Certificates of Completion / Approval is unlawful and may subject the owner of the premises to the penalties described in the Code of the Town of North Hempstead.

State of New York }
County of Nassau }

_____ please print - property in name of
depose and says that he /she resides at _____
_____ mailing address of owner
in that State of _____, that he /she is the owner in fee of all certain lots, parcels of land shown on the attached survey Section: _____, Block: _____, Lot(s): _____, situated, lying and being within the unincorporated area of the Town of North Hempstead; that I /We have read and understand items one (1) through eight (8) as herein stated, recognize the he / she is responsible for all activities occurring on the property, and that failure to comply with any of these items, notwithstanding any other items defined in the Code of the Town of North Hempstead, may result in the temporary suspension or permanent revocation of the permits issued for construction on the premises in accordance with the Code of the Town of North Hempstead.

Signature of Owner: _____

Sworn to me this _____ day of _____, 200

Signature of Notary Public: _____

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Parallel Permits:	Type:	Permit Number:	Inspector:

Final Survey Received:		Electrical Certificate Number:	
Final Inspection Date:		Inspector Signature:	



Town of North Hempstead

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210 Plandome Road, P. O. Box 3000, Manhasset, NY 11030-2327

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FAX: (516) 869-7812

Application Number: _____

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PLEASE FILL OUT IN TRIPLICATE COMPLETELY AND TYPE OR PRINT LEGIBLY

New Construction [] Addition / Renovation [] General [] Core & Shell [] Tenet Improvement []

Section: _____ Block: _____ Lot(s): _____ Date: _____

Owner’s Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Phone : () _____

Applicant’s Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Phone : () _____

Address of Permit Activity:

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Phone : () _____

Location of Permit Activity:

_____ Feet, N S E W (circle one) of _____

Description of work:

Area of Work (SF): Construction Cost Rate: Permitting Cost of Construction:

Environmental Disclosure:

Is the premises presently under the supervisory authority, control, oversight of any State or Federal Yes ☐ No ☐

Agency or required to comply with conditions established by such agency as result

of environmental conditions?

Zoning:

Zoning District: _____ Verified by: _____ Lot Area (SF) _____

Max. Permitted Coverage (SF): _____ Proposed Coverage (SF): _____

Max. Permitted Coverage (%): _____ Proposed Coverage (%): _____

Max. Permitted Floor Area (SF): _____ Proposed Floor Area (SF): _____

Max. Permitted Floor Area Ratio: _____ Proposed Floor Area Ratio: _____

Front Yard: Required: _____ Provided: _____ Rear Yard: Required: _____ Provided: _____

Avg. Front Yard Setback (Properties Within 200 Feet): _____ Aggregate Side Yard: Required: _____ Provided: _____

Side Yard 1: Required: _____ Provided: _____ Side Yard 2: Required: _____ Provided: _____

Architect /Engineer:

Last Name: _____ First Name: _____ Middle Initial: _____ License #: _____

Street Address: _____ City: _____

City: _____ State: _____ Zip: _____ Telephone Phone #: () _____

Contractor:

Last Name: _____ First Name: _____ Middle Initial: _____ License #: _____

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OWNER’S AUTHORIZATION

I (we) hereby certify that:

- 1. I (we) agree to permit the Building Inspector and any officer or employee of the Town of North Hempstead to enter upon the premises in the discharge of their duties with this application.
- 2. Approved plans and a copy of the approved permit shall remain on the premises at all times until a Certificate of Occupancy / Completion / Approval is issued. These plans will be made available to the Building Inspector upon request.
- 3. Building Inspector shall be given a minimum forty-eight (48) hours notice to make the required inspection and no work shall continue until such inspection has been completed and approved.
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State of New York }
County of Nassau }

_____ please print - property in name of
depose and says that he /she resides at _____
_____ mailing address of owner
in that State of _____, that he /she is the owner in fee of all certain lots, parcels of land shown on the attached survey Section: _____, Block: _____, Lot(s): _____, situated, lying and being within the unincorporated area of the Town of North Hempstead; that I /We have read and understand items one (1) through eight (8) as herein stated, recognize the he / she is responsible for all activities occurring on the property, and that failure to comply with any of these items, notwithstanding any other items defined in the Code of the Town of North Hempstead, may result in the temporary suspension or permanent revocation of the permits issued for construction on the premises in accordance with the Code of the Town of North Hempstead.

Signature of Owner: _____

Sworn to me this _____ day of _____, 200

Signature of Notary Public: _____

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Parallel Permits:	Type:	Permit Number:	Inspector:

Final Survey Received:		Electrical Certificate Number:	
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Zoning:

Zoning District: _____ Verified by: _____ Lot Area (SF) _____

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Max. Permitted Coverage (%): _____ Proposed Coverage (%): _____

Max. Permitted Floor Area (SF): _____ Proposed Floor Area (SF): _____

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Front Yard: Required: _____ Provided: _____ Rear Yard: Required: _____ Provided: _____

Avg. Front Yard Setback (Properties Within 200 Feet): _____ Aggregate Side Yard: Required: _____ Provided: _____

Side Yard 1: Required: _____ Provided: _____ Side Yard 2: Required: _____ Provided: _____

Architect /Engineer:

Last Name: _____ First Name: _____ Middle Initial: _____ License #: _____

Street Address: _____ City: _____

City: _____ State: _____ Zip: _____ Telephone Phone #: () _____

Contractor:

Last Name: _____ First Name: _____ Middle Initial: _____ License #: _____

Street Address: _____ City: _____

City: _____ State: _____ Zip: _____ Telephone Phone #: () _____

Electrician:

Last Name: _____ First Name: _____ Middle Initial: _____ License #: _____

Street Address: _____ City: _____

City: _____ State: _____ Zip: _____ Telephone Phone #: () _____

Plumber:

Last Name: _____ First Name: _____ Middle Initial: _____ License #: _____

Street Address: _____ City: _____

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OWNER’S AUTHORIZATION

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_____ mailing address of owner
in that State of _____, that he /she is the owner in fee of all certain lots, parcels of land shown on the attached survey Section: _____, Block: _____, Lot(s): _____, situated, lying and being within the unincorporated area of the Town of North Hempstead; that I /We have read and understand items one (1) through eight (8) as herein stated, recognize the he / she is responsible for all activities occurring on the property, and that failure to comply with any of these items, notwithstanding any other items defined in the Code of the Town of North Hempstead, may result in the temporary suspension or permanent revocation of the permits issued for construction on the premises in accordance with the Code of the Town of North Hempstead.

Signature of Owner: _____

Sworn to me this _____ day of _____, 200

Signature of Notary Public: _____

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Final Survey Received:		Electrical Certificate Number:	
Final Inspection Date:		Inspector Signature:	



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Department of Building Safety Inspection and Enforcement

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Tel. (516) 869-7660 Fax. (516) 869-7662

Appl. Number: _____
(Official Use Only)

COMMERCIAL ZONING ANALYSIS SUBMISSION SHEET

[Required for submission with all Commercial Alterations , Additions and New Building Permit Applications.]

Address: _____

Section: _____ **Block:** _____ **Lot (s):** _____

Zoning District	_____	Total Lot Area:	_____ sq. ft.
Max. Permitted Coverage:	_____ sq. ft.	Proposed Coverage:	_____ sq. ft.
Max. Permitted Coverage	_____ %	Proposed Coverage (%):	_____ %
Front Yard Required:	_____ ft.	Front Yard Provided:	_____ ft.
Front Yard Required	_____ ft.	Front Yard Provided (Corner	_____ ft.
Min. Side Yard Permitted:	_____ ft.	Side Yard (1) Provided:	_____ ft.
Min. Side Yard Permitted:	_____ ft.	Side Yard (2) Provided:	_____ ft.
Rear Yard Required:	_____ ft.	Rear Yard Provided:	_____ ft.
Landscaped Buffer	_____ ft.	Landscaped Buffer	_____ ft.
Max. Height Permitted:	_____ ft.	Max. Height Proposed:	_____ ft.

Parking Calculations: **To Be Calculated Per the Following Requirements**

Retail (deduct 1,000 sf)	1 space : 300 sf	_____ sf	_____ spaces
Office	1 space : 200 sf	_____ sf	_____ spaces
Medical Office	1 space : 150 sf	_____ sf	_____ spaces
All Other Business	1 space : 300 sf	_____ sf	_____ spaces
Assembly	1 space : 4	_____ sf	_____ spaces
Warehouses / Storage	1 space : 600 sf	_____ sf	_____ spaces
Other	1 space :	_____ sf	_____ spaces
Parking Spaces Required:		_____	_____ spaces
Off Street Loading Bays:	1 : 10,000 sf	_____ sf	_____ loading bays

Architect / Engineer: _____ **Business / Corporate** _____

First: _____ **Last:** _____ **Middle** _____ **Lic.** _____

Street _____ **City:** _____

State _____ **Zip** _____ **Tel.** _____ **Fax** _____

Architect /Engineer Stamp and Original Signature MUST appear here.